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PTO/SB/21 (04-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/026,188	
	Filing Date	December 21, 2001	
	First Named Inventor	Zuker, Charles S.	
	Art Unit	1645	
	Examiner Name	Not yet assigned	
Total Number of Pages in This Submission	5	Attorney Docket Number	02307E-114910US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Townsend and Townsend and Crew LLP Annette S. Parent Reg. No. 42,058
Signature	<i>Annette S. Parent</i>
Date	8/30/04

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	<i>Dana Lane</i>
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PATENT

Attorney Docket No.: 02307E-114910US
Client Ref. No.: UC Case No. 2001-124-2



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

August 30, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: *[Signature]*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ZUKER and ZHANG

Application No.: 10/026,188

Filed: December 21, 2001

For: ASSAYS FOR TASTE RECEPTOR
CELL SPECIFIC ION CHANNEL

Customer No.: 20350

Confirmation No.

Examiner: Not yet assigned

Technology Center/Art Unit: 1645

RESPONSE TO RESTRICTION
REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the restriction requirement mailed July 23, 2004, Applicants elect Group III, claims 1-9 and 12-15, as the claims relate to SEQ ID NO: 8, drawn to methods of modulating the activity of a human LTRP5 protein and for identifying modulators of said protein, classified in class 435, subclass 7.21.


The foregoing election is made with traverse, as the six groups set forth by the Examiner all stem from a common concept and theory, and are thus related. As such, prosecution of the claims of Groups I-VI would not place a substantially greater burden on the Examiner. Applicants therefore respectfully request that the Examiner withdraw the Restriction Requirement and consider all the claims together.

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If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 415-576-0200.

Respectfully submitted,



Annette S. Parent
Reg. No. 42,058

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Attachments
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